

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/580209

FILING DATE

5.22.06

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1				
3		2				
4		3				
5		4				
6		5				
7		6				
8		7				
9		8				
10		9				
11		10				
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26		25				
27		26				
28		27				
29		28				
30		29				
31	1	30	1			
32		31				
33		32				
34		33				
35		34				
36		35				
37		36				
38		37				
39		38				
40		39				
41		40				
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44		43				
45		44				
46		45				
47		46				
48		47				
49		48				
50		49				
TOTAL IND.	2	↓	2	↓		↓
TOTAL DEP.	34	←	82	←		←
TOTAL CLAIMS	36		84			

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						